

Health Insurance Status of Massachusetts Residents

Third Edition

January 2003

Linda Ruthardt, Commissioner



A Word About the Division

Satisfying the Need for Health Care Information

The effectiveness of the health care system depends in part upon the availability of information. In order for this system to function properly, purchasers must have accurate and useful information about quality, pricing, supply and available alternatives. Providers need information on the productivity and efficiency of their business operations to develop strategies to improve the effectiveness of the services they deliver. State policy makers need to be advised of the present health care environment, as they consider where policy investigation or action may be appropriate.

As part of its health care information program, the Division publishes reports that focus on various health care policy and market issues.

The Division of Health Care Finance and Policy collects, analyzes and disseminates information with the goal of improving the quality, efficiency and effectiveness of the health care delivery system in Massachusetts. In addition, the Division administers the Uncompensated Care Pool, a fund that reimburses Massachusetts acute care hospitals and community health centers for services provided to uninsured and underinsured people.

Mission

To improve the delivery and financing of health care by providing information, developing policies, and promoting efficiencies that benefit the people of Massachusetts. Agency goals:

- Assure the availability of relevant health care delivery system data to meet the needs of health care purchasers, providers, consumers and policy makers;
- Advise and inform decision makers in the development of effective health care policies;
- Develop health care pricing strategies that support the cost effective procurement of high quality services for public beneficiaries; and
- Improve access to health care for low-income uninsured and underinsured residents.

Executive Summary

and implemented with the principal goal of obtaining timely and valid estimates of state-wide health insurance coverage. This report presents some highlights from the two most recent surveys, including some interesting changes between 2000 and 2002.

Key Findings

The number of uninsured people in Massachusetts increased from an estimated 5.9% of the population in 2000 to 6.7% in 2002. At the time of the 2002 survey, 418,000 Massachusetts residents of all ages were uninsured.¹ Most people in the United States, as well as in Massachusetts, obtain health insurance coverage through their jobs. In Massachusetts, about 80% of non-elderly residents who are insured obtain their coverage through employment. Job loss often leads to the loss of health insurance. Although there were fewer uninsured people in 2002 than in 1998 when the rate was 8.2%, Massachusetts has a significantly higher number of uninsured people than it did in 2000. Nearly the entire increase is attributable to the growing number of uninsured non-elderly adults. At the same time, Massachusetts unemployment rates increased significantly from 2.6% to nearly 5% between July 2000 and July 2002.

This report is the third in a series of reports based on biennial surveys of health insurance coverage by the Massachusetts Division of Health Care Finance and Policy. There are a number of surveys nationwide that include questions regarding health insurance coverage. The state-sponsored Survey of Health Insurance Status is the only survey that has been developed

- The number of uninsured increased for non-elderly adults from 8% in 2000 to 9.2% in 2002.
- Young adults, ages 19 to 39, are disproportionately represented among the uninsured. Although they make up about one-third of the Massachusetts population, they constitute nearly 55% of the uninsured population.
- Public programs and health care coverage for children remain effective. There was no real change in the percent of uninsured children from 2000 to 2002.
- Residents living in lower-income households, less than 200% of the Federal Poverty Level (FPL), are nearly twice as likely to be uninsured than residents in higher-income households.
- Compared to 2000, Massachusetts residents residing in the lowest income households (less than 133% of the FPL) were less likely to be uninsured in 2002. In contrast, those living in households earning from 150% to 199% of the FPL were more likely to be uninsured in 2002.
- Although the Hispanic uninsured rate declined since 2000, dropping from 17%

to 14% in 2002, the Hispanic population remained disproportionately represented among the uninsured. Statewide, the Hispanic population is less than 8% of the general population, but nearly 16% of the uninsured are Hispanic.

- In 2002, significant variation in the uninsured was found in each of the five

geographic regions of Massachusetts. For example, residents living in the Metropolitan Boston and West regions of the state were more likely to be uninsured in 2002 than they were in 2000. The Northeast and Southeast regional uninsured rates declined, while the uninsured rate for the Worcester region remained relatively stable.

Endnote for the Executive Summary

1. The data discussed are for the non-elderly, non-institutionalized population, except where noted.

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Health Insurance Status of Massachusetts Residents

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Introduction

This report presents findings from the latest in a series of state-sponsored health insurance coverage surveys conducted to monitor the health insurance status of Massachusetts residents. At the time of the 2002 survey, 6.7% of Massachusetts residents, approximately 418,000 individuals, were uninsured. While the uninsured rate has increased since 2000 when 5.9%, or about 365,000 people, were uninsured, it is significantly lower than the 8.2% uninsured rate of 1998.

Although the increase in the overall uninsurance rate is evident across many demographic characteristics, such as age and gender, the likelihood of being uninsured among specific sub-populations is shifting. Males, people of color, unemployed persons, and never-married individuals remain most at risk of being uninsured. However, the proportions of uninsured within the following sub-populations are growing at a faster rate than other groups: individuals ages 40 to 64; females; divorced, separated or widowed individuals; and near poor individuals.

There were some noteworthy decreases in the uninsured within certain sub-populations that historically have been disproportionately represented. For example, the proportion of uninsured has declined among blacks and Hispanics, as well as among those residing in poor households.

Employment characteristics of the uninsured are notably different from previous surveys. The majority of the uninsured continue to be employed—a trend that has continued to increase since 1998 (albeit slowly from 2000 to 2002). The working uninsured remain less likely than the working insured to be eligible for employer-offered health insurance coverage. There is a significant shift among working uninsured away from employment in small firms,¹ where health insurance benefits are less likely to be offered, toward employment with larger firms. However, while more than half of the working insured reported working for the same employer for more than five years, only 22% of the working uninsured reported the same thing. In addition, more of the working uninsured reported working part-time hours in 2002 than in 2000 (31% compared to 13%).

The Massachusetts non-elderly uninsured adult population is four times more likely to have less than a high school education and twice as likely to have never been married than the non-elderly adult insured population. Also, while there are slightly more females than males statewide, there are more uninsured men than women. However, from 2000 to 2002, the rate of growth in uninsured women increased by 25% compared to just 6.4% for men.

Awareness of public health care programs among uninsured adults fluctuated slightly since 2000 with awareness of MassHealth declining and recognition of Free Care remaining unchanged. Compared to 2000, fewer uninsured adults were willing to pay for low-cost health care. However, those willing to pay for coverage in 2002 were willing to pay more than their counterparts in 2000.

As in 2000, there remain distinct differences between the uninsured and insured with respect to utilization of health services. Uninsured adults remain less likely to visit a physician or an emergency room than insured adults. In fact, utilization of physicians and emergency rooms among uninsured adults actually declined. At the same time, utilization trends among insured adults remained similar from 2000 to 2002. Like uninsured adults, uninsured children are still less likely to visit a physician or an emergency room than are insured children. However, unlike their adult counterparts, the percent of both uninsured and

insured children reporting no doctor visits in the past year declined.

In 2000, when the rate of uninsured decreased in Massachusetts, the state had a very different economic and political environment. In 2002, the state experienced an economic downturn, increasing unemployment, and a budget deficit which required budget cuts to public health programs. Each of these factors is reflected in the growing number of uninsured Massachusetts residents. In addition, willingness to pay for health care coverage declined and cost remained a significant barrier to choosing employer-offered coverage.

Study Findings

insurance. Also, the proportion of insured covered through Medicare, schools and college plans, direct purchases from an insurance company/agent, or some other method has remained relatively unchanged.

Demographic Profiles

Age, Gender and Marital Status

In 2002, the largest increase in the rate of uninsured was among adults, ages 19 to 64. Within the adult population, young adults, ages 19 to 39, remained more likely to be uninsured, but the percent of uninsured among those ages 40 to 64 grew at a faster pace, rising from 5% to 7% between 2000 and 2002. The rate of uninsured children, ages 0 to 18, however, remained stable

Source of Insurance

The source of health care coverage as reported by insured non-elderly individuals has not changed significantly since 2000. The majority of Massachusetts residents continue to receive health insurance through an employer sponsored plan,² while Medicaid remains the second largest source of

Percent of Uninsured within Age Group

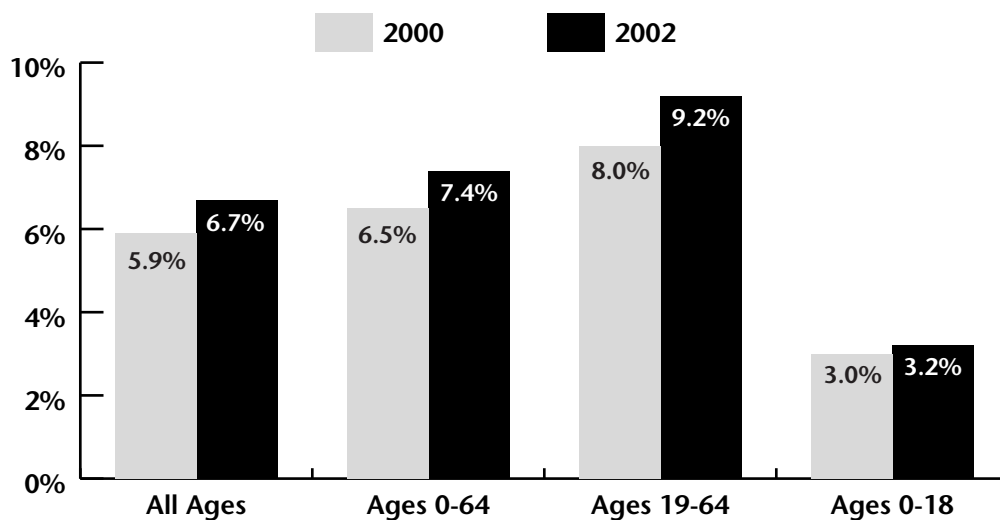


Figure 1

Percent of Non-Elderly Uninsured within Age Group

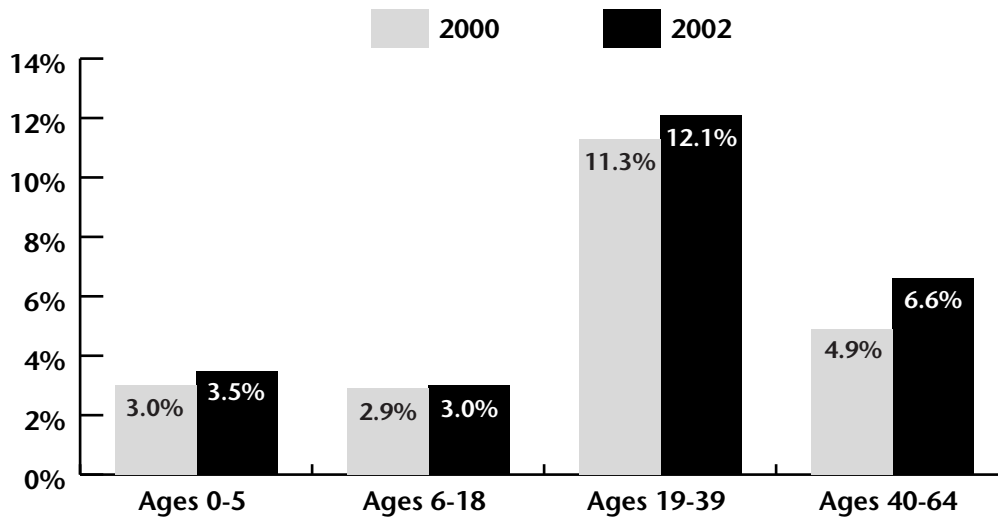


Figure 2

Percent of Non-Elderly Uninsured within Gender

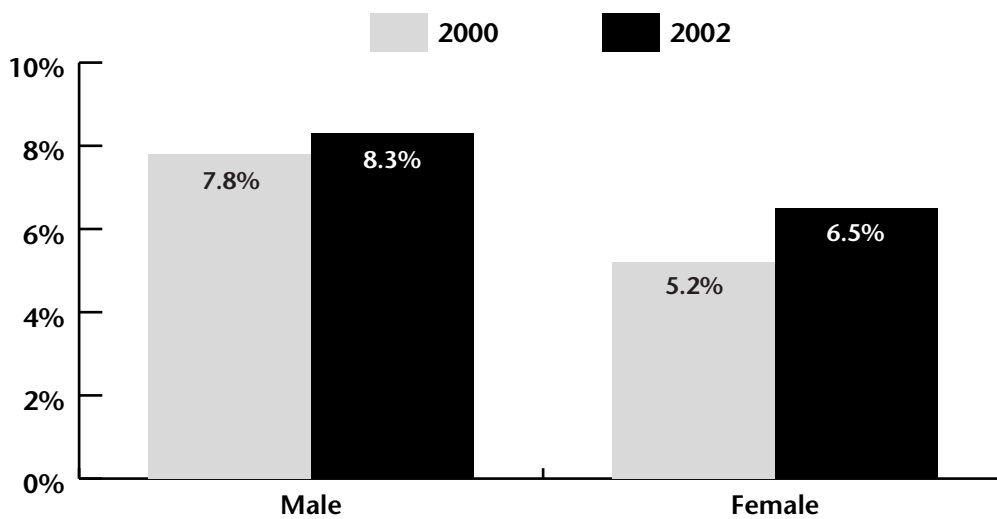


Figure 3

Percent of Non-Elderly Uninsured by Age Group and Gender

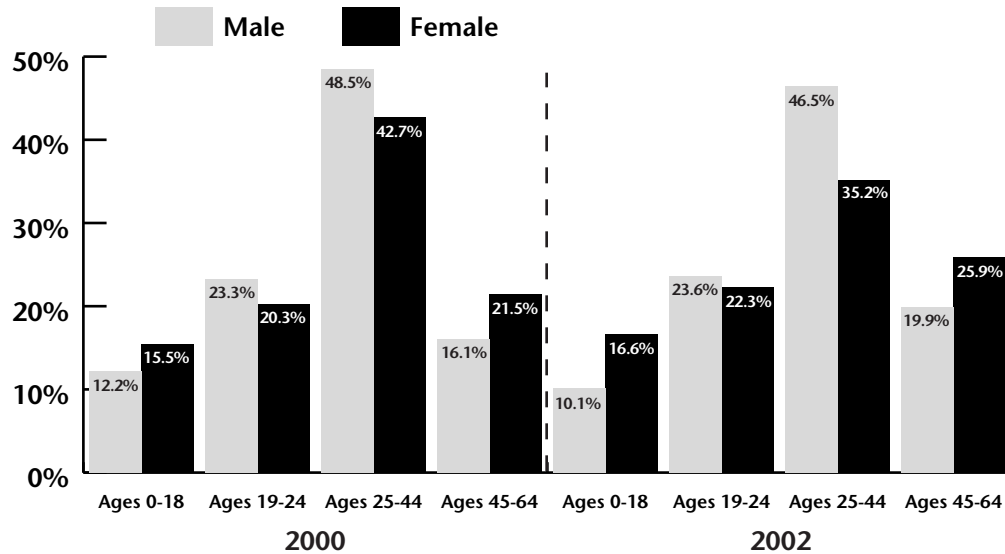


Figure 4

at around 3% (see Figure 1 on page 3 and Figure 2 on page 4).

In 2002, men were more likely to be uninsured than women, 55% versus 45%. However, from 2000 to 2002 the proportion of uninsured women grew faster than that of uninsured men. The uninsured rate increased 25% for women, but just 6.4% for men (see Figure 3 on page 4). These increases in uninsured among the female population were found among various age groups. The percent of uninsured among young adult males ages 19 to 24 remained relatively stable while the percent of uninsured young adult females increased slightly.

Increases in the uninsured were found among the older male and female populations. For older adult females, ages 45 to 64, the percent of uninsured increased from 22% to 26% while the percent of uninsured for the comparable male population

increased from 16% to 20% (see Figure 4 above).

Compared to 2000, the proportion of uninsured remained highest for never married adults (17%) and lowest for married adults (4%). As a group, divorced, separated or widowed adults experienced the largest increase in the proportion that are uninsured, from 12% in 2000 to 15% in 2002 (see Figure 5 on page 6).

Race/Ethnicity

The rate of uninsured declined among two populations that are disproportionately uninsured, the black and Hispanic populations. The decline in the percent of uninsured was greatest for Hispanics, from 17% in 2000 to 14% in 2002. At the same time, the proportion of uninsured increased only slightly among whites, from 5% to 6%. The variation seen in the rate of uninsured

Percent of Non-Elderly Uninsured within Marital Status

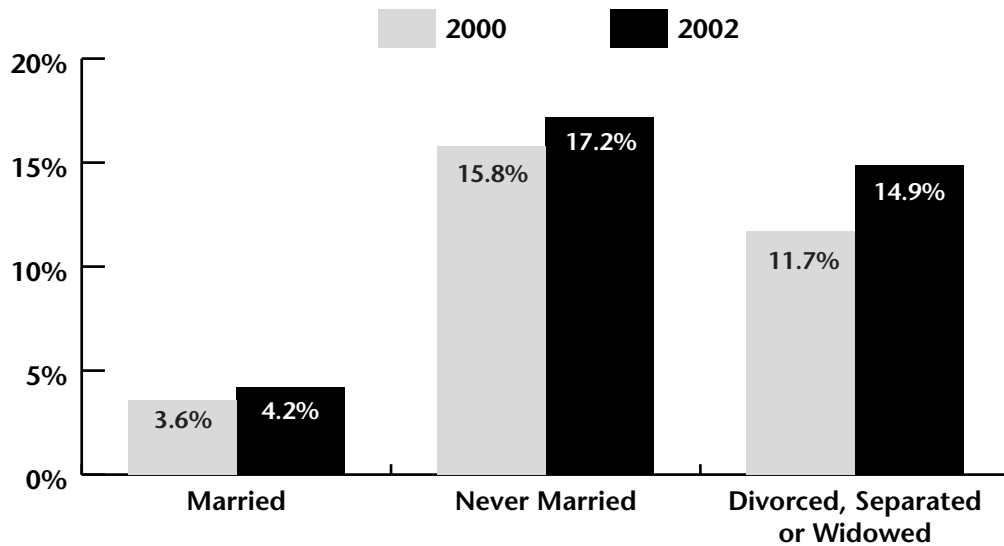


Figure 5

Percent of Non-Elderly Uninsured within Race/Ethnicity

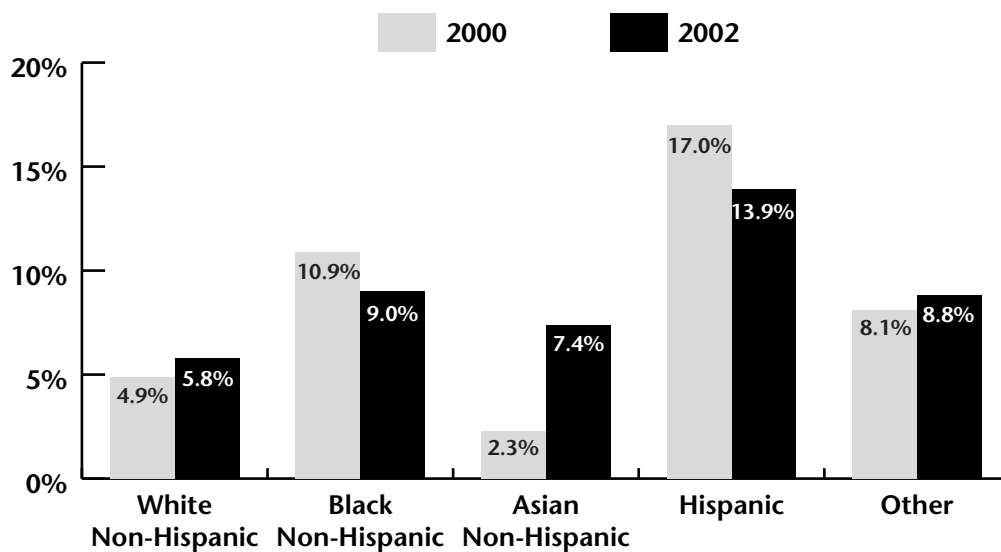


Figure 6

Asians is most likely due to small sample sizes in both 2000 and 2002 (see Figure 6 on page 6).

Income³

The majority of Massachusetts residents continue to live in moderate to high-income households.⁴ Since 2000, the percent of uninsured individuals living in moderate to high-income households increased from 57% to 70% of all uninsured. At the same time, insured individuals living in moderate to high-income households increased slightly from 82% to 86%. The increase in the uninsured residing in higher-income households is further supported by the declining percent of uninsured residing in poor households,⁵ falling from 13% to 8%. Uninsured living in near-poor households⁶ rose significantly from 14% to 23%. The second largest increase in uninsured

was found among households with income above 400% FPL, which rose from 2% to 5% (see Figure 7 below).

Region

Of the five Massachusetts regions, most of the uninsured resided in Metro Boston, where 40% of Massachusetts uninsured were found in 2002. The Southeast and Northeast regions continued to have the second and third highest share of uninsured (19% and 17%, respectively) while the lowest proportions of uninsured resided in the West and Worcester regions (13% and 11%). In two regions, Metro Boston and West, residents were more likely to be uninsured in 2002 than in 2000; the percent of uninsured within both regions increased from about 6% to 8%. In contrast, residents in the Northeast and Southeast regions were less likely to be uninsured in 2002. The per-

Percent of Non-Elderly Uninsured within Income

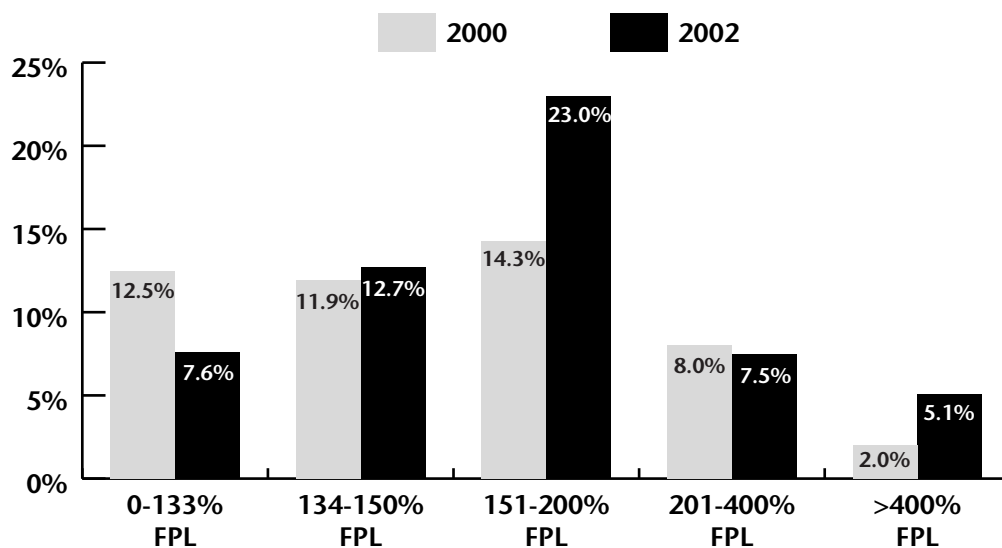


Figure 7

Percent of Non-Elderly Uninsured within Geographic Region

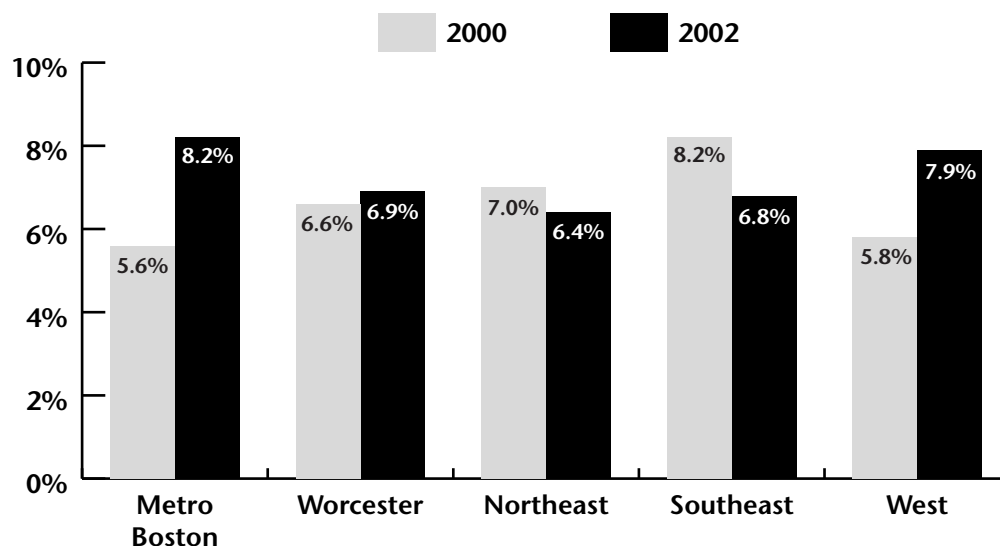


Figure 8

cent of uninsured in the Worcester region remained fairly stable (see Figure 8 above).

Working Uninsured

Over 73% of uninsured individuals ages 19 to 64 were employed in 2002, a slight increase over 2000. At the same time, the percent of working insured decreased slightly from 82% to 79% (see Figure 9 on page 9). Although self-employment continued to be a significant source of labor for the uninsured, the proportion of working uninsured who reported being self-employed declined between 2000 and 2002 (from 29% to 24%), as did the proportion of uninsured working for both an employer and themselves (from 10% to 4%). Most working adults continued to work solely for an employer in 2002, which increased significantly among the uninsured, from 60% to 72% (see Figure 10 on page 9).

For the working uninsured, this shift toward working solely for an employer is further illustrated by the subsequent shift away from working in small firms toward employment with large firms. In small firms health insurance benefits are less likely to be offered, and when they are offered, insurance companies often require 100% participation of full-time employees. From 2000 to 2002, the percent of working uninsured employed by large firms grew from 23% to 41%, and the percent employed by small firms declined from 77% to 59% (see Figure 11 on page 10).

In 2002, 40% of the working uninsured reported that their employers offered health insurance. Fifty percent of working uninsured reported that their employers did not offer health insurance, and another 10% reported that they did not know if their employer offered health insurance. Of the

Percent of Non-Elderly Adults by Insurance Status and Employment

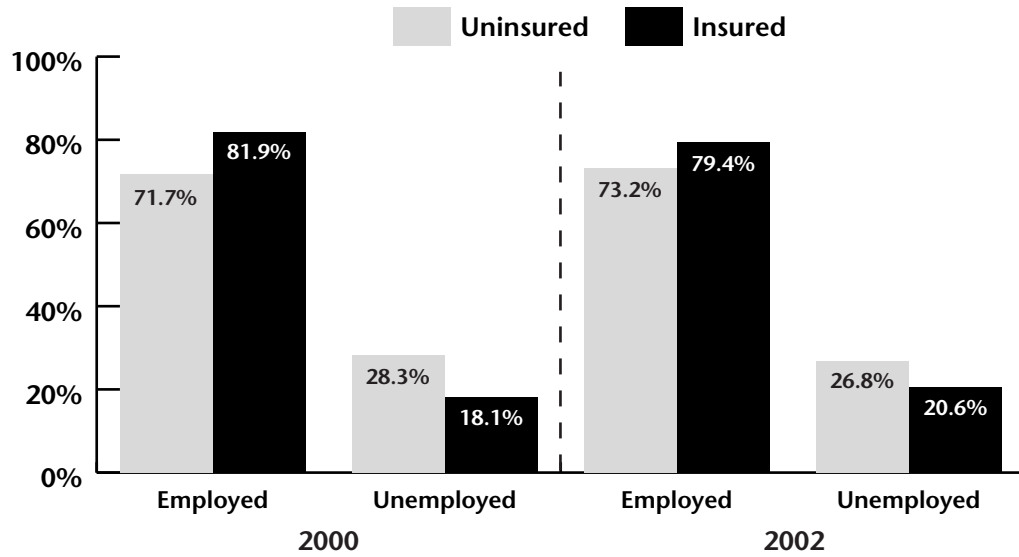


Figure 9

Percent of Working Non-Elderly Adults by Insurance Status and Type of Employment

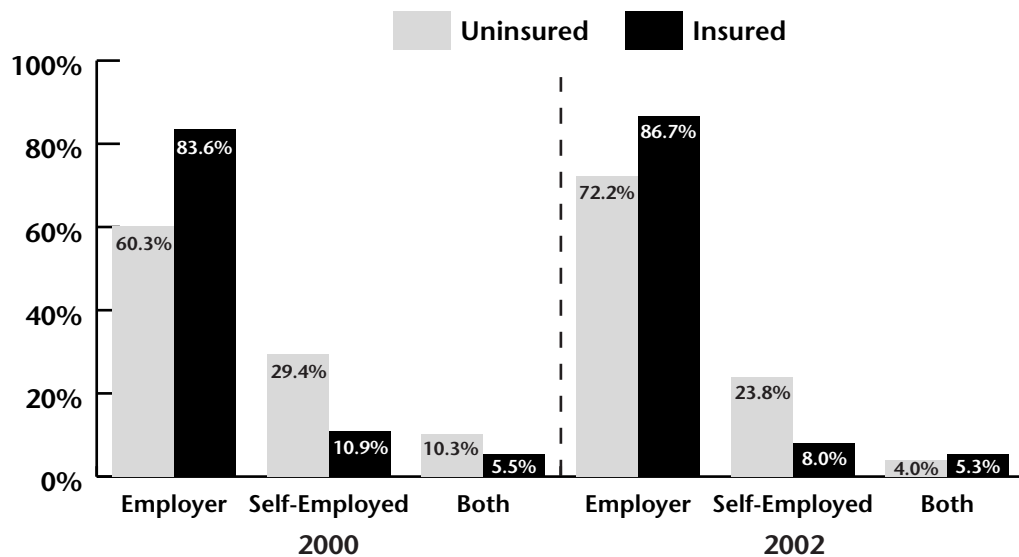


Figure 10

Percent of Non-Elderly Adults by Insurance Status and Firm Size

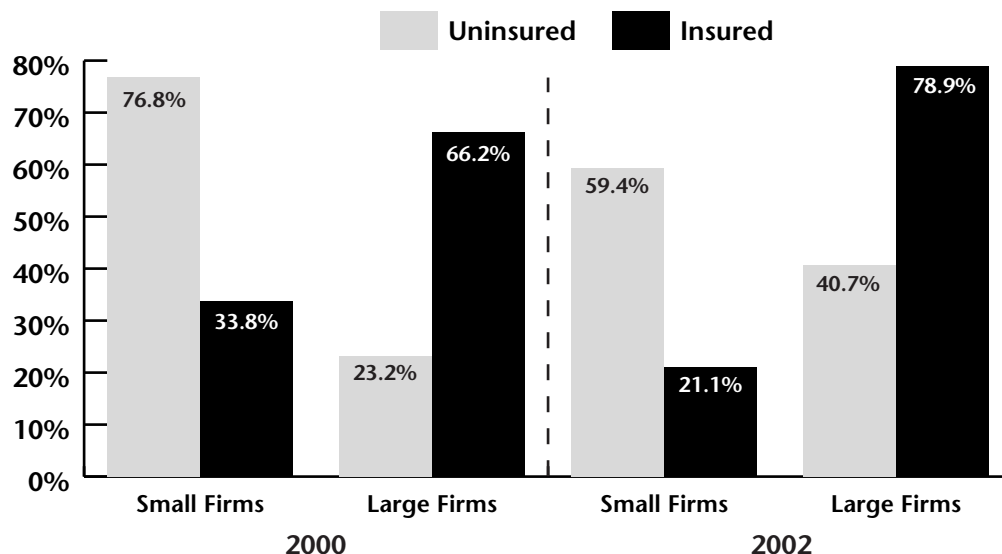


Figure 11

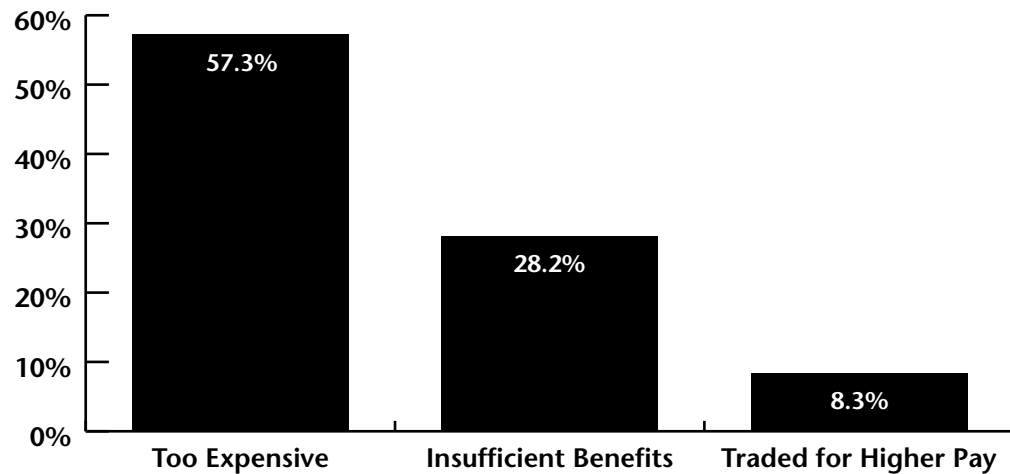
uninsured working for an employer that offered coverage, 57% reported that they were eligible for the employer-sponsored health insurance benefits, and 56% of those who reported that they were eligible for coverage worked for large firms. Among the reasons given for opting not to take the offered coverage, more than half reported that health insurance is too expensive and another 28% reported that the benefits offered did not meet their needs (see Figure 12 on page 11).

As expected, given the changes in other employment characteristics, there were shifts in the duration of employment among the uninsured, as well. Most of the employed uninsured (42%) reported working for the same employer for less than one year, compared to 38% in 2000. In contrast, the majority of the insured with jobs continued to report working at the

same place of employment for five or more years (53%). Roughly the same proportion (35%) of both working insured and uninsured reported working at the same place of employment for between one and five years (see Figure 13 on page 11).

The most notable changing employment characteristic between 2000 and 2002 was the hours worked per week reported by the working uninsured. Compared to 2000, when over 80% of both the working insured and uninsured populations worked full-time hours,⁷ the percent of working uninsured who worked full-time hours declined dramatically to just 66% in 2002. At the same time, the proportion of working insured who worked full-time hours remained stable. A greater proportion of working uninsured reported working part-time hours, 31% in 2002 compared to only 13% in 2000 (see Figure 14 on page 12).

Reasons* for Being Uninsured Reported by Adults who Work for Employers that Offer Health Insurance Coverage



*Reasons are not mutually exclusive.

Figure 12

Percent of Working Non-Elderly Adults by Insurance Status and Duration of Employment

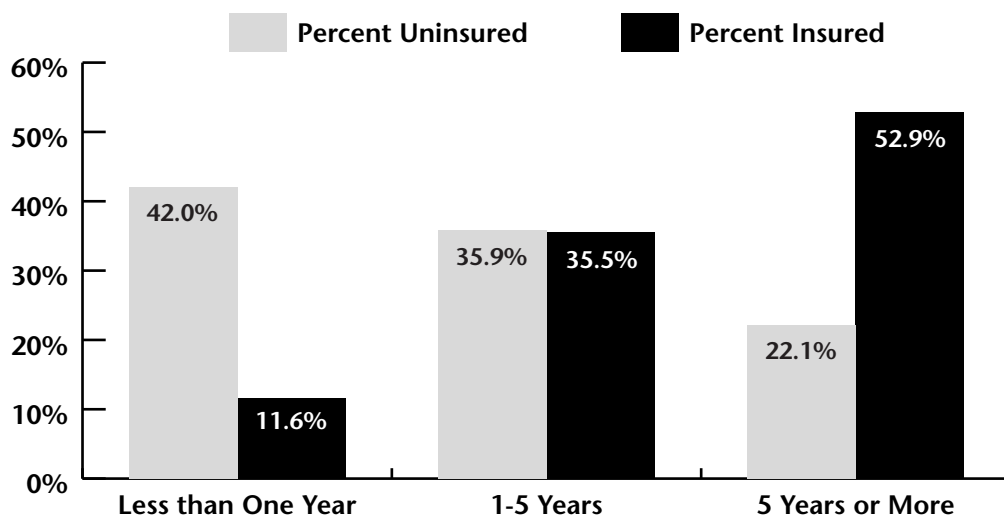


Figure 13

Percent of Working Non-Elderly Adults by Insurance Status and Hours Worked

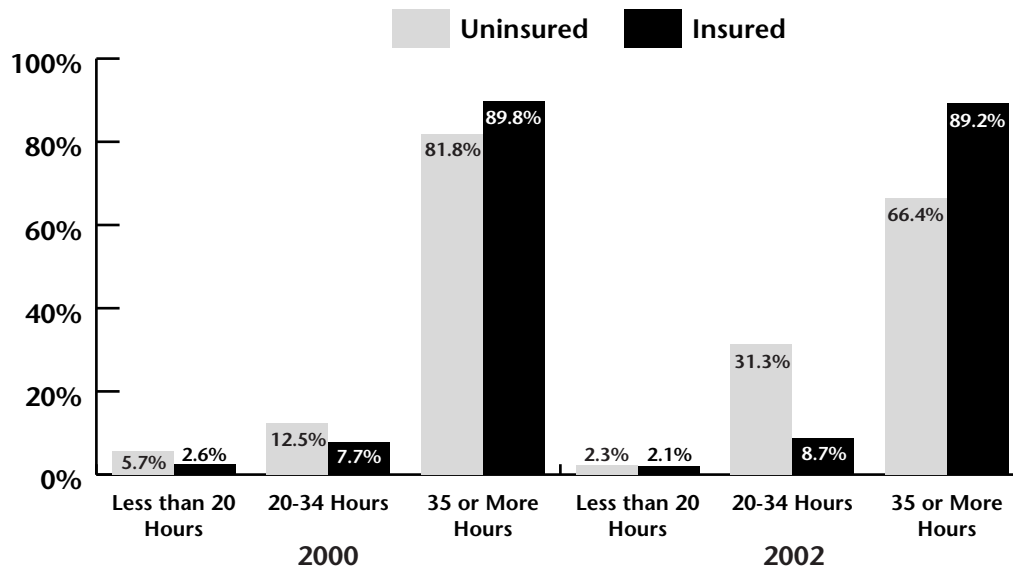


Figure 14

Most Recent Year of Coverage

Uninsured adults consistently reported that they had health insurance coverage at some time during the prior year, about 46% in 2000 and in 2002.⁸ This was also true for those responding that they had coverage at some time during the eight years prior to that, about 45% in 2000 and in 2002 (see Figure 15 on page 13).

Knowledge of Health Plans

Compared to 2000, fewer uninsured adults were aware of MassHealth, decreasing from 86% in 2000 to 79% in 2002. Consistent with the 2000 findings, 43% of uninsured adults had heard of Free Care, while 9% of uninsured adults were aware of the Medical Security Plan (MSP) in 2002. Administered by the Department of Employment and Training, the MSP provides premium assistance or direct coverage

to persons eligible for unemployment compensation and earning up to 400% of the FPL. Awareness of the MSP was a new question on the survey in 2002. Since 2000, the MSP has experienced an 83% increase in enrollment (see Figure 16 on page 13).

Willing to Pay for Health Care

Compared to 2000, fewer uninsured adults were willing to pay for low-cost health care coverage—82% in 2000 versus 74% in 2002. However, of those willing to pay for coverage in 2002, 47% were willing to pay \$100 or more per month compared to 44% who were willing to pay that amount in 2000 (see Figure 17 on page 14).

When looking at those willing to pay for health care coverage by household income, 37% of the low-income uninsured were willing to pay \$100 or more per month for health care coverage. This is an increase

Most Recent Year for which Uninsured Respondent Reported Having Health Insurance Coverage

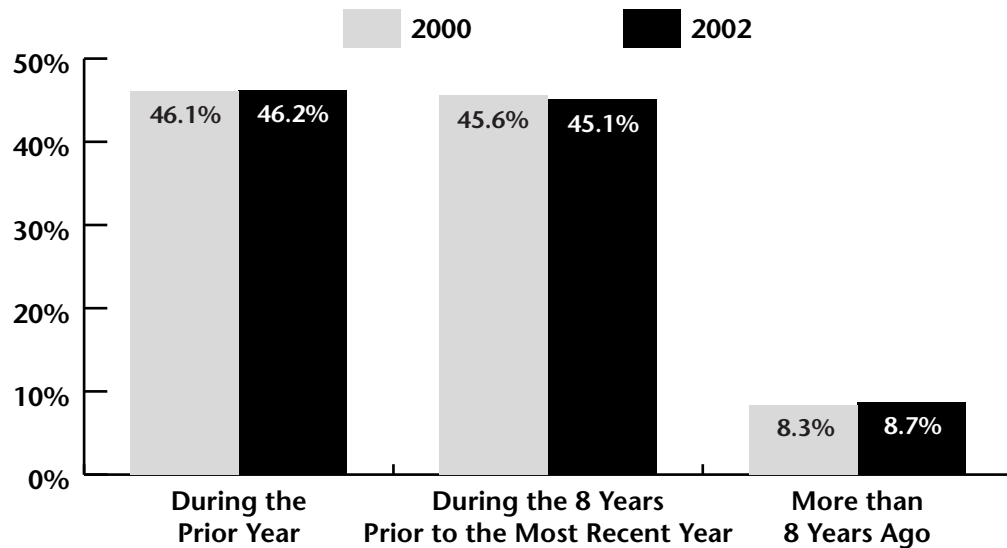
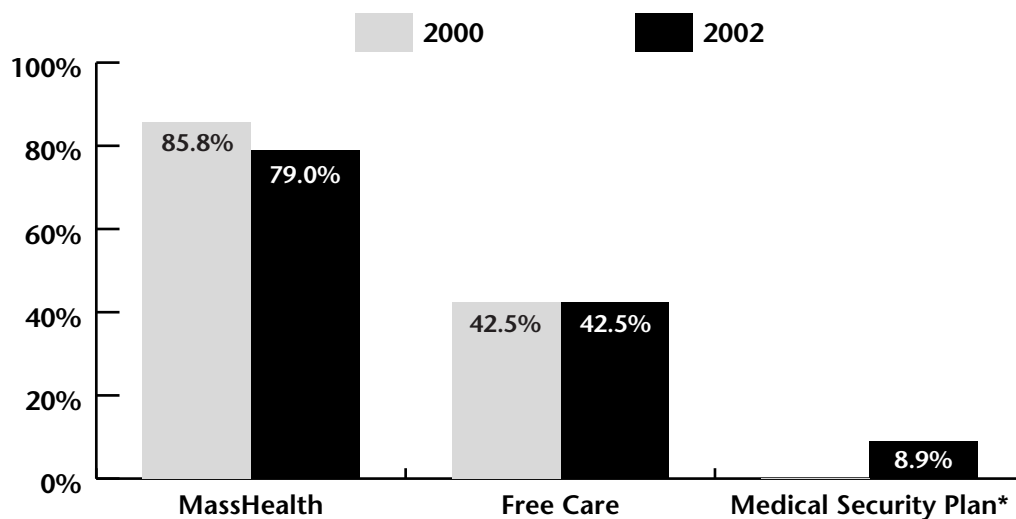


Figure 15

Percent of Non-Elderly Uninsured Adults Aware of Health Care Programs



*This question was new for 2002.

Figure 16

Percent of Non-Elderly Uninsured Adults by Amount They Are Willing to Pay for Health Care Coverage

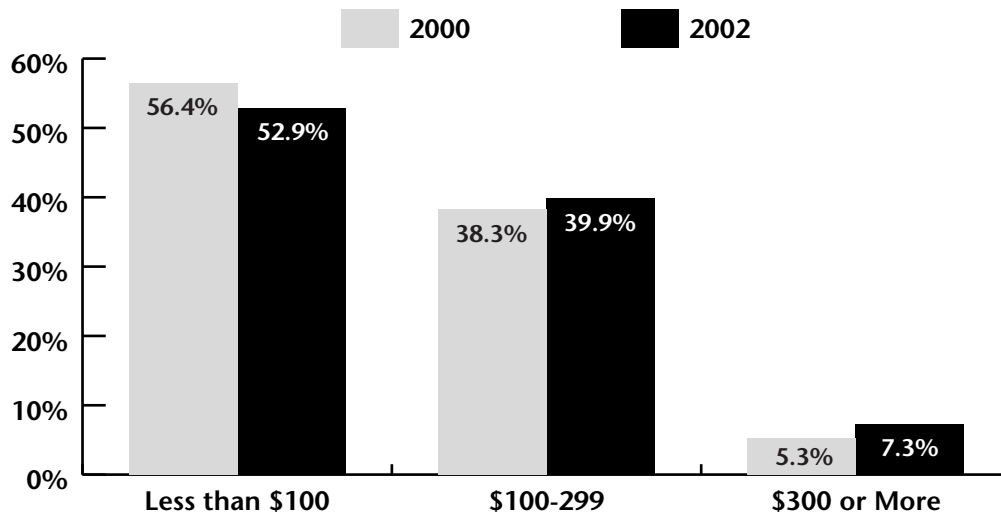


Figure 17

of more than 50% over 2000, when just 24% of low-income uninsured were willing to pay a \$100 or more per month for health care coverage. The percent of both low and high-income uninsured adults willing to pay less than \$100 per month for care decreased; the decline was more notable among the low-income group (see Figure 18 on page 15).

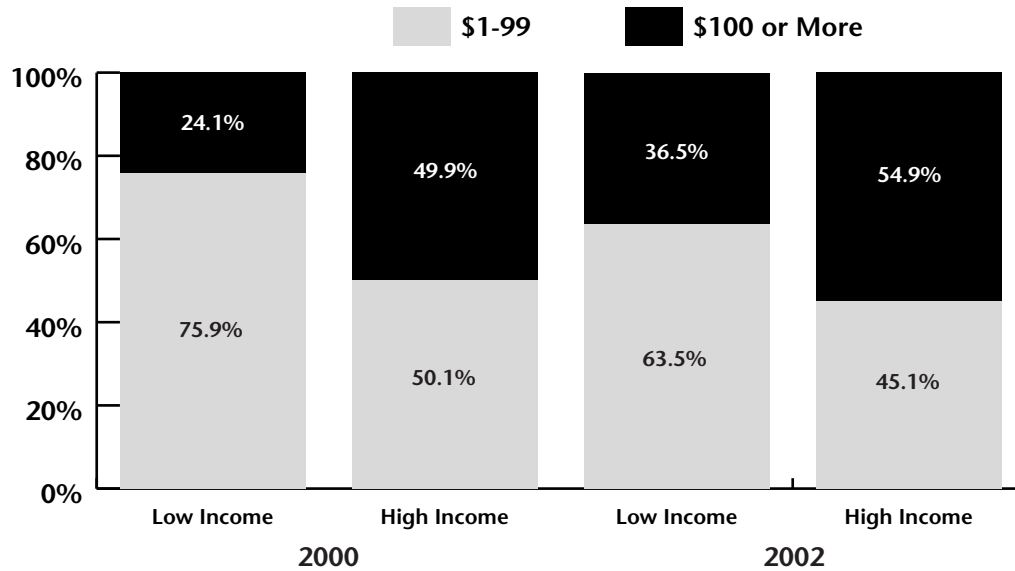
Utilization of Services

As in 2000, there were distinct differences between the uninsured and insured with respect to utilization of health care services. Uninsured adults remained less likely to make a physician office visit than the insured. Similar to 2000, nearly 55% of uninsured adults did not visit a physician in the prior year, compared to only 16% of the insured. The percent of uninsured adults that reported between one and four visits to a physician in the prior year increased

slightly from 33% in 2000 to 36% in 2002. However, the percent of uninsured adults reporting between five and ten visits to a physician in the prior year fell from 10% to 5%. Utilization trends among insured adults remained fairly consistent between 2000 and 2002 (see Figure 19 on page 15). In 2002, the majority of both uninsured and insured adults continued to report that they did not visit the emergency room (ER) in the past year. The percent of uninsured adults reporting no visits to the ER increased from 68% in 2000 to 75% in 2002. At the same time, the percent of insured adults reporting that they did not visit the ER decreased. In addition, the proportion of uninsured adults reporting one to four visits to the ER declined from 29% in 2000 to 23% in 2002 (see Figure 20 on page 16).

Unlike their adult counterparts, the majority of uninsured children reported vis-

Percent of Non-Elderly Uninsured Adults by Income* and Amount They Are Willing to Pay per Month for Coverage



*Low-income households reported income below 200% of the FPL.

Figure 18

Percent of Non-Elderly Uninsured Adults by Insurance Status and Physician Office Utilization

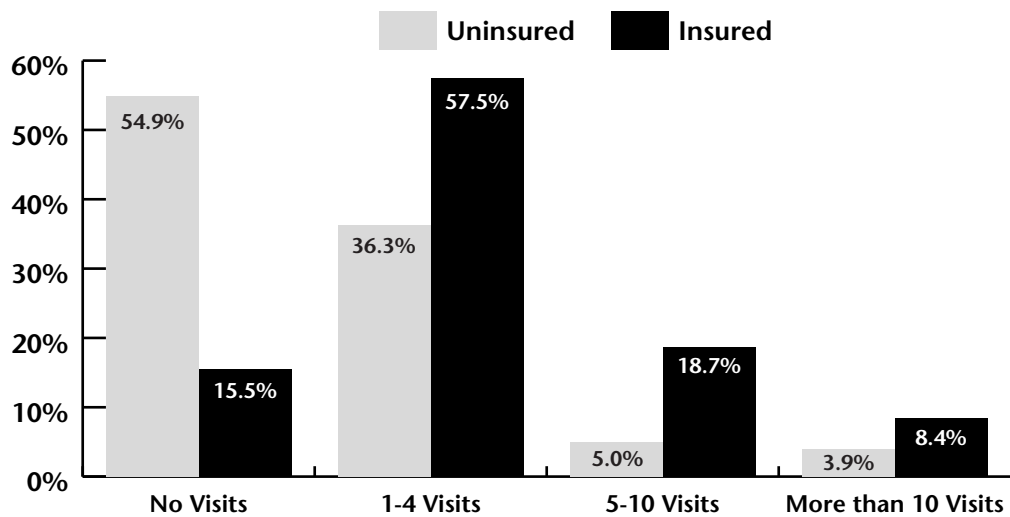


Figure 19

Percent of Non-Elderly Adults by Insurance Status and Emergency Room Utilization

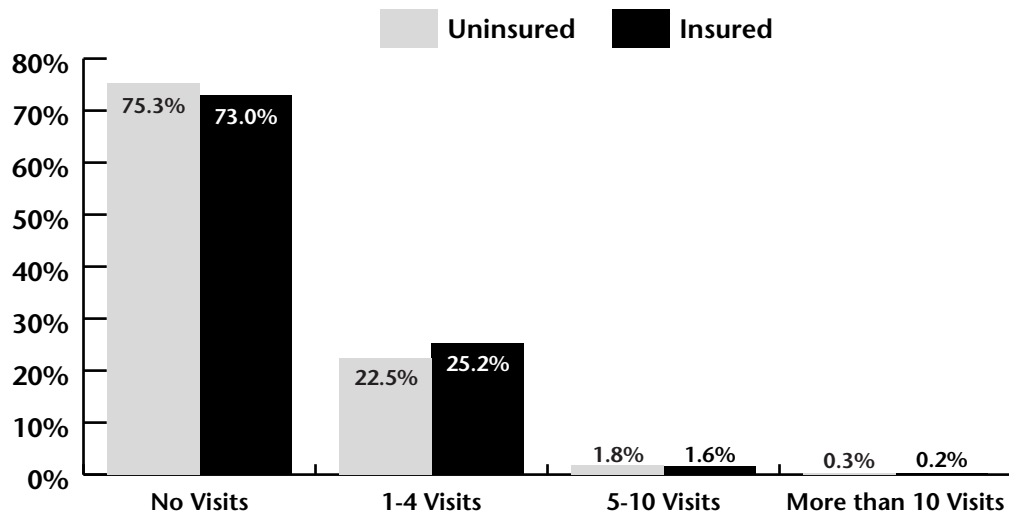


Figure 20

Percent of Children by Insurance Status and Physician Office Utilization

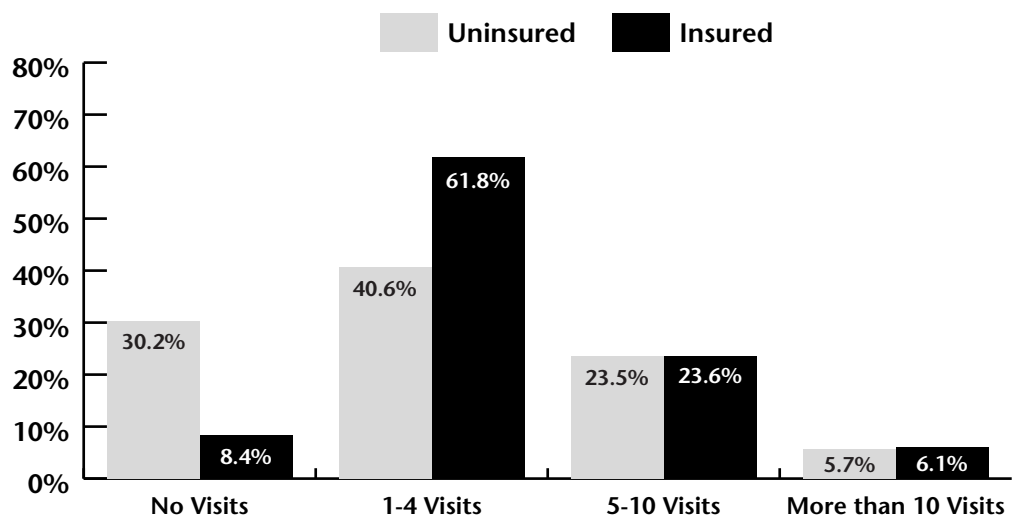


Figure 21

Percent of Children by Insurance Status and Emergency Room Utilization

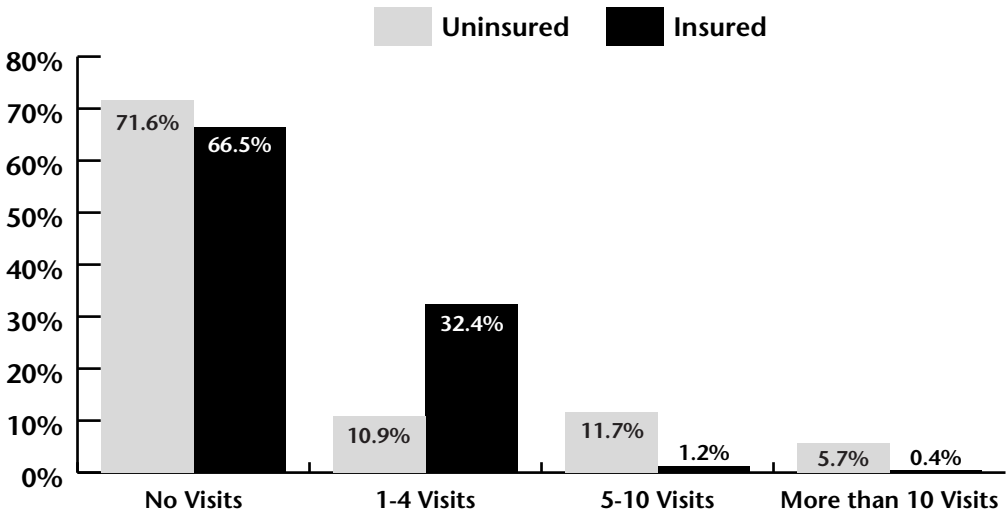


Figure 22

iting a physician within the past year. Similar to uninsured adults, however, uninsured children were less likely to visit a physician than were insured children. In 2002, 30% of uninsured children reported that they did not visit a physician compared to just 8% of insured children. The proportion of insured and uninsured children reporting five to ten doctor visits was the same, and in both cases increased slightly from 2000 (see Figure 21 on page 16).

Both uninsured and insured children were unlikely to visit an ER in the past year. Although the percent of uninsured chil-

dren reporting some ER utilization in 2002 remained similar to 2000 (29%), the number of visits made increased. The proportion of uninsured children reporting one to four ER visits decreased from 22% in 2000 to 11% in 2002. Instead, uninsured children were more likely to make five or more visits, and this increased from 7% in 2000 to 17% in 2002. This is partially attributed to the striking increase in the percent of uninsured children who reported more than ten ER visits, 0% in 2000 versus 6% in 2002. Some of this variation may be due to small sample sizes (see Figure 22 above).

Endnotes

1. Small firms are defined as businesses having 49 or fewer employees; large firms are defined as businesses having 50 or more employees.
2. Types of employers offering coverage include the military (i.e., Champus/Tricare or Veterans Administration), group purchasers (i.e., labor union, professional association), and past employers.
3. In 2002, the survey questions used to code a respondent's income were changed. Income information is typically difficult to collect due to the sensitivity of the topic. Before 2002, respondents were asked if their total annual household income fell within a specified range. In 2002, respondents were asked, "What was your family's gross pretax income from all sources for the year 2001?" If the respondent did not know or preferred not to answer, they moved through a series of questions similar to those asked in prior surveys. The income charts in this report were based solely on the answers given to the first question, which the majority of respondents answered. This may have had some affect on the data reported.
4. Moderate to high-income households are those with incomes above 200% of the federal poverty level.
5. Poor households are those with incomes below 133% of the federal poverty level.
6. Near-poor households are those with income between 151% and 200% of the federal poverty level.
7. Full-time hours are 35 or more hours per week. Part-time hours are less than 35 hours per week. In either case, employed survey respondents may have worked more than one job.
8. In the 2002 survey, the "prior year" refers to 2001, and the "prior eight years" refers to 1992-2000. In the 2000 survey, the "prior year" refers to 1999, and the "prior eight years" refers to 1990-1998.

Appendix 1: Survey Data Charts

Chart 1: Massachusetts Non-Elderly, Ages 0-64

	2002 Percent Distribution of Population	2002 Percent Distribution of Uninsured	2002 Percent Distribution of Insured
Age			
0-18	30.4%	13.0%	31.7%
19-39	33.2%	54.7%	31.5%
40-64	36.4%	32.4%	36.7%
Gender			
Male	48.8%	55.0%	48.3%
Female	51.2%	45.0%	51.7%
Race/Ethnicity			
White, non-Hispanic	80.2%	69.0%	81.1%
Black, non-Hispanic	4.6%	6.2%	4.5%
Asian, non-Hispanic	3.5%	3.8%	3.5%
Other/multiple	4.0%	5.3%	4.0%
Hispanic	7.6%	15.8%	7.1%
Income			
0-132% FPL	8.4%	9.2%	8.4%
133-149% FPL	1.6%	2.9%	1.5%
150-199% FPL	5.3%	17.7%	4.4%
200-400% FPL	22.7%	24.7%	22.5%
> 400% FPL	62.0%	45.5%	63.2%
< 200% FPL	15.3%	29.8%	14.2%
>= 200% FPL	84.7%	70.2%	85.8%
Region			
Metro Boston	35.5%	39.6%	35.2%
Northeast	19.9%	17.2%	20.1%
Southeast	20.5%	19.0%	20.6%
Worcester	11.7%	11.0%	11.7%
West	12.4%	13.2%	12.4%
Language Spoken at Home			
English	90.6%	77.7%	91.7%
Spanish	4.1%	9.1%	3.7%
Portuguese	1.0%	2.7%	0.9%
Asian language	1.0%	2.0%	0.9%
Other	3.2%	8.5%	2.8%

Note: All data presented are from the Massachusetts Survey of Health Insurance Status.

Chart 2: Massachusetts Non-Elderly Adults, Ages 19-64

	2002 Percent Distribution of Population	2002 Percent Distribution of Uninsured	2002 Percent Distribution of Insured
Age			
19-24	12.0%	26.5%	10.5%
25-44	50.0%	47.6%	50.3%
45-64	38.0%	26.0%	39.3%
Employment Status			
Working	78.9%	73.2%	79.4%
Not working	21.1%	26.8%	20.6%
Education			
Less than high school	5.3%	16.5%	4.2%
High school graduate and some college	50.6%	61.6%	49.5%
College graduate and post graduate	44.1%	21.9%	46.3%
Marital Status			
Married	59.2%	26.8%	62.5%
Never married	28.0%	52.5%	25.6%
Divorce, single, widow	12.7%	20.7%	11.9%
Income			
< 200 FPL	12.0%	26.7%	10.6%
>= 200 FPL	88.0%	73.3%	89.4%
Race/Ethnicity			
White, non-Hispanic	81.0%	67.2%	82.3%
Black, non-Hispanic	4.0%	5.7%	3.8%
Asian, non-Hispanic	3.9%	4.3%	3.9%
Other/multiple	4.3%	5.9%	4.1%
Hispanic	6.8%	16.9%	5.9%
Region			
Metro Boston	37.1%	41.1%	36.6%
Northeast	19.5%	17.3%	19.7%
Southeast	19.9%	18.9%	20.0%
Worcester	11.2%	9.6%	11.4%
West	12.4%	13.1%	12.3%
Language Spoken at Home			
English	90.3%	75.4%	91.8%
Spanish	3.8%	10.4%	3.1%
Other	5.9%	14.2%	5.0%

Note: All data presented are from the Massachusetts Survey of Health Insurance Status.

Chart 3: Massachusetts Adults, Ages 45-64

	2002 Percent Distribution of Population	2002 Percent Distribution of Uninsured	2002 Percent Distribution of Insured
Gender			
Male	47.1%	48.4%	47.0%
Female	52.9%	51.6%	53.0%
Employment Status			
Working	75.3%	58.7%	76.4%
Not working	24.7%	41.3%	23.6%
Female uninsured working		49.1%	
Male uninsured working		68.9%	
Education			
Less than high school	6.9%	20.1%	6.0%
High school graduate and some college	50.2%	64.1%	49.3%
College graduate and post graduate	42.9%	15.8%	44.7%
Income			
< 200 FPL	10.4%	29.8%	8.8%
>= 200 FPL	89.6%	70.2%	91.2%
Region			
Boston	34.0%	40.3%	33.6%
Northeast	19.1%	14.7%	19.4%
Southeast	21.0%	20.3%	21.0%
Worcester	12.0%	10.6%	12.1%
West	13.9%	14.0%	13.9%
Race/Ethnicity			
White, non-Hispanic	86.1%	73.5%	87.0%
Black, non-Hispanic	2.5%	2.4%	2.5%
Asian, non-Hispanic	2.8%	0.0%	3.0%
Other/multiple	3.4%	7.2%	3.1%
Hispanic	5.2%	17.0%	4.4%
Marital Status			
Married	72.8%	33.6%	75.4%
Never married	7.5%	22.9%	6.5%
Divorced, separated, widowed*	19.7%	43.5%	18.2%

*75% of this combined group are divorced.

Note: All data presented are from the Massachusetts Survey of Health Insurance Status.

Chart 4: Massachusetts Children, Ages 0-18

	2002 Percent Distribution of Population	2002 Percent Distribution of Uninsured	2002 Percent Distribution of Insured
Age			
0-18	30.4%	13.0%	31.7%
0-5	32.9%	36.9%	32.8%
6-12	36.8%	31.3%	37.0%
13-18	30.3%	31.9%	30.3%
Gender			
Male	51.8%	42.6%	52.1%
Female	48.2%	57.4%	47.9%
Race/Ethnicity			
Sample sizes for the uninsured children are too small to report.			
Income			
< 200 FPL	22.9%	52.1%	22.0%
>= 200 FPL	77.2%	47.9%	78.0%

Uninsured Children 1998 to 2002

	2002 Rate	2000 Rate	1998 Rate
Age			
0-5	3.5%	3.0%	4.6%
6-12	2.7%	2.6%	4.7%
13-18	3.3%	3.3%	5.1%
Regional Rate for All Children?			
Metro Boston	3.0%	2.6%	3.5%
Northeast	2.5%	2.4%	3.6%
Southeast	2.8%	4.1%	5.6%
Worcester	4.9%	4.0%	4.6%
West	3.5%	2.1%	6.3%

Note: All data presented are from the Massachusetts Survey of Health Insurance Status.

Chart 5: Massachusetts Non-Elderly Uninsured, Ages 0-64

	2002 Rate	2000 Rate	1998 Rate
Age			
0-18	3.2%	3.0%	4.5%
19-24	20.4%	17.0%	19.5%
25-44	8.8%	8.5%	11.9%
45-64	6.3%	4.5%	5.3%
Gender			
Male	8.3%	7.8%	10.2%
Female	6.5%	5.2%	6.9%
Race/Ethnicity			
White, non-Hispanic	5.8%	4.9%	6.9%
Black, non-Hispanic	9.0%	10.9%	15.5%
Asian, non-Hispanic	7.4%	2.3%	8.6%
Other/multiple	8.8%	8.1%	12.4%
Hispanic	13.9%	17.0%	19.0%
Income			
0-132%	7.6%	12.5%	22.5%
133-149%	12.7%	11.9%	26.5%
150-199%	23.0%	14.3%	14.4%
200-400%	7.5%	8.0%	8.3%
>400%	5.1%	2.0%	3.0%
Region			
Metro Boston	8.2%	5.6%	8.1%
Northeast	6.4%	7.0%	7.0%
Southeast	6.8%	8.2%	10.9%
Worcester	6.9%	6.6%	7.2%
West	7.9%	5.8%	9.5%

Note: All data presented are from the Massachusetts Survey of Health Insurance Status.

Chart 6: Massachusetts Workers, Ages 19-64

	Uninsured Rates			Insured Rates		
	2002	2000	1998	2002	2000	1998
Employment Status						
Working	73.2%	71.7%	76.0%	79.4%	81.9%	82.5%
Not working	26.8%	28.3%	24.0%	20.6%	18.1%	17.5%
Type of Employment						
Employer	72.2%	60.3%	67.5%	86.7%	83.6%	82.2%
Self-employed	23.8%	29.4%	21.7%	8.0%	10.9%	12.1%
Working for both	4.0%	10.3%	10.8%	5.3%	5.5%	5.7%
Duration of Employment						
< 1 year	42.0%	38.3%	40.9%	11.6%	16.0%	16.3%
1-5 years	35.9%	37.4%	37.1%	35.5%	31.6%	35.8%
> 5 years	22.1%	24.3%	22.0%	52.9%	52.3%	47.9%
Hours Worked						
< 20 hours	2.3%	5.7%	9.4%	2.1%	2.6%	5.3%
20-34 hours	31.3%	12.5%	15.0%	8.7%	7.7%	9.7%
35 or more hours	66.4%	81.8%	75.6%	89.2%	89.8%	85.0%
Firm Size						
Small (< 50)	59.4%	76.8%	76.4%	21.1%	33.8%	41.8%
Large (50 or more)	40.7%	23.2%	23.6%	78.9%	66.2%	58.2%
Income						
< 200% FPL	63.8%	64.5%	65.0%	63.6%	63.8%	76.8%
>= 200% FPL	77.7%	78.5%	82.9%	83.0%	85.7%	86.8%
Eligible for Insurance*						
Yes	22.8%	25.4%	27.3%			
No	77.2%	74.6%	72.7%			
Eligible for Insurance when Employer Offers Health Insurance**						
Yes	22.8%					
No	17.2%					

*A calculation was made to the 2002 data to make it comparable to prior years due to changes in question wording.

**The eligibility question changed in 2002. First, respondents were asked if their employer offers insurance. If yes, then they were asked if they could be eligible for coverage.

Note: All data presented are from the Massachusetts Survey of Health Insurance Status.

Chart 7: Access to Care Ages 0-18*

	Uninsured Rates			Insured Rates		
	2002	2000	1998	2002	2000	1998
Received Needed Care						
Yes	47.4%	73.8%	85.9%	76.8%	76.1%	80.6%
Physician Office Visits						
None	30.2%	34.2%	8.1%	8.4%	11.7%	7.9%
1-4	40.6%	38.1%	78.7%	61.8%	62.6%	59.0%
5-10	23.5%	21.4%	11.8%	23.6%	19.2%	23.0%
>10	5.7%	6.3%	1.4%	6.1%	6.5%	10.0%
ER Visits						
None	71.6%	70.8%	72.4%	66.5%	73.0%	67.5%
1-4	10.9%	21.8%	26.1%	32.4%	25.3%	29.1%
5-10	11.7%	7.4%	1.5%	1.2%	1.5%	2.8%
>10	5.7%	0.0%	0.0%	0.4%	0.2%	0.5%
Dental Visits						
None	19.9%	18.8%	n/a	23.8%	11.5%	n/a
One or more	80.1%	81.2%	n/a	76.2%	88.5%	n/a

Ages 19 - 64

	Uninsured Rates			Insured Rates		
	2002	2000	1998	2002	2000	1998
Received Needed Care						
Yes	58.7%	58.8%	59.8%	72.7%	73.4%	70.5%
Physician Office Visits						
None	54.9%	53.2%	53.6%	15.5%	15.4%	16.2%
1-4	36.3%	32.7%	33.1%	57.5%	59.9%	53.5%
5-10	5.0%	10.3%	9.4%	18.7%	17.8%	19.8%
>10	3.9%	3.8%	3.8%	8.4%	6.9%	10.5%
ER Visits						
None	75.3%	67.8%	52.0%	73.0%	74.7%	70.0%
1-4	22.5%	29.0%	43.1%	25.2%	24.0%	26.7%
5-10	1.8%	3.2%	4.7%	1.6%	0.9%	2.2%
>10	0.3%	0.0%	0.3%	0.2%	0.4%	1.1%
Dental Visits						
None	55.5%	53.9%	n/a	17.0%	16.6%	n/a
One or more	44.5%	46.1%	n/a	83.0%	83.3%	n/a

*Due to the small number of uninsured children, sample sizes are small leading to larger variation around the rates.

Note: All data presented are from the Massachusetts Survey of Health Insurance Status.

Chart 8: Massachusetts Elderly, Ages 65 and Older**Demographics, 2002****Ages**

65-74	58.5%
75-84	33.0%
85 and older	8.5%

Gender

Male	44.0%
Female	56.1%

Region

Metro Boston	35.3%
Northeast	17.8%
Southeast	22.6%
Worcester	12.9%
West	11.4%

Income

< 200 FPL	13.5%
>= 200 FPL	74.9%

Prescriptions, 2002**Do you currently have prescription insurance?**

Yes	74.5%
No	25.5%

Do you currently have prescription insurance?

	Yes	No
< 200 FPL	60.2%	39.8%
>= 200 FPL	74.0%	26.0%

Did you use prescription drugs in the past year?

Yes	88.4%
No	11.6%

How much did you pay out-of-pocket in the past month?

< \$10	12.1%
\$11 - \$50	39.2%
\$51 - \$100	21.4%
> \$100	22.1%
Don't know	5.3%

Were the prescriptions for a long or short-term illness?

Long-term	78.8%
Short-term	15.1%
Both	6.1%

Note: All data presented are from the Massachusetts Survey of Health Insurance Status.

Appendix 2: Methodology

The Survey of Health Insurance Status of Massachusetts Residents is the only state specific survey designed expressly to provide reliable estimates of the number of uninsured residents in Massachusetts. This survey provides statistically reliable estimates of uninsured rates on a statewide basis, as well as for five regions in the state. The survey design also allows for comparison among the three years the survey has occurred, 1998, 2000, and 2002.

Along with the 1998 and 2000 Surveys of the Health Insurance Status of Massachusetts Residents, the 2002 survey was developed through a collaborative effort between the Division of Health Care Finance and Policy and the Center for Survey Research (CSR) at the University of Massachusetts-Boston. The methodology used for the 2002 survey was similar to that used in the previous surveys. The same basic survey was used with some modifications. A few questions were refined, added or deleted based on feedback received from prior surveys and public policy needs.

There are two major differences in the 1998 survey compared to 2000 and 2002. First, in 2000 and 2002 only “random digit dial” (RDD) telephone interviews, where the sample is drawn from telephone listings, were conducted. The 1998 survey also included an “area probability sample” (APS)

or field survey. This field survey was based on a sample drawn from randomly selected addresses and included face-to-face interviews with households that were difficult or impossible to reach via telephone. An analysis of the results obtained from the two methodologies in 1998 (RDD and APS) showed no statistically significant differences in the estimate of the state uninsured percent or other factors. As the results were similar and it is quite expensive to conduct a survey using the APS methodology, a decision was made to conduct future surveys exclusively using the RDD methodology.

Second, the 2000 and 2002 surveys included a survey of additional households in five urban areas in order to develop valid estimates of the percent of uninsured and identify their characteristics. The five urban areas were Boston, Springfield, Worcester, Lowell/Lawrence, and New Bedford/Fall River. In 2000, these five areas accounted for 25% of the statewide uninsured.

The statewide 2002 survey was conducted from late February through September 2002. Information was collected on 2,635 households and 7,040 individuals. The response rate was 60%, comparable to the previous two surveys. Interviews were conducted using computer-assisted telephone interviewing (CATI) technology. The survey design was a simple stratified sample by five regional areas in the state.

The survey was designed to provide information on both the uninsured and insured populations. The survey was divided into four parts. The first part, the screener section, asked for basic information on all household members, including whether or not each household member had health insurance coverage. The insured section asked detailed questions of the insured; the

uninsured section asked detailed questions of the uninsured; and a special section pertaining primarily to pharmacy coverage asked some specific questions of those ages 65 and older. All households surveyed responded to the screener section and continued to one or more sections, as applicable. The survey was available in English and Spanish.

Survey responses are weighted in order to inflate the sample to reflect population estimates. Weights adjust for design features of a sample. Examples of features for which weights may adjust include non-response, and the fact that the analytic unit of interest is sometimes households and sometimes individuals.

Appendix 3: Regional Breakouts

Massachusetts is divided into five regions and the same number of households were interviewed in each region. The five regions are primarily drawn by county boundaries with the exception of Middlesex County. Middlesex was divided into two regions with some assigned to the Metropolitan Boston region and the rest assigned to the Northeast region. Here is how the state was divided:

Metro Boston: Norfolk, Suffolk, and Southern Middlesex Counties

Worcester: Worcester County

Northeast: Essex and Northern Middlesex Counties

Southeast: Plymouth, Bristol, Dukes, Barnstable and Nantucket Counties

West: Berkshire, Hampden, Hampshire, and Franklin Counties

The following Middlesex County towns were joined with Essex to form the Northeast region:

Ashby	North Reading
Ayer	Pinehurst
Groton	Reading
Pepperell	Tewksbury
Shirley	Tyngsboro
Townsend	Wakefield
Billerica	Westford
Chelmsford	Medford
Dracut	Melrose
Dunstable	Stoneham
Lowell	Wilmington

All other Middlesex county towns were assigned to the Metro Boston region.

Production Notes

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